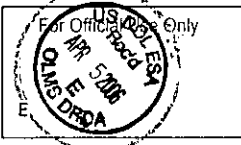


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 25269	2. Fiscal Year Covered From: 01 / 01 / 05 Through: 12 / 31 / 05
3. Name and address of person filing. Name Neil G. Kilbane, Jr. P.O. Box, Bldg., Room No., if any Street 17619 Bradgate Avenue City Cleveland State Ohio ZIP Code + 4 44111	4. Name, file number, and address of labor organization. Name 011734 Plumbers Labor Organization File Number 55 P.O. Box, Building and Room Number, if any LM- 011734 Street 980 Keynote Circle City BROOKLYN HTS State OH ZIP Code + 4 44131
5. Position in labor organization. None - Trustee in Trust Fund	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name N/A Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. N/A 7.b. Amount. N/A

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>Neil Kilbane</u>	On <u>3-31-06</u> <u>216-941-7477</u> Date Telephone Number

Name of Person Filing	Neil G. Kilbane, Jr.	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Plumbers Local No.55 S.U.B. Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 980 Keynote Circle</p> <p>City Brooklyn Hts., Ohio 44131-1801</p> <p>State ZIP Code + 4</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Plumbers Local No. 55 S.U.B. Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 980 Keynote Circle</p> <p>City Brooklyn Hts., Ohio 44131-1801</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Multiemployer Taft Hartley trust fund providing supplemental unemployment benefits to members of a labor organization</p> <p>11.b. Approximate dollar value of such dealing. unknown</p> <p>12.a. Nature of interest held or income received.</p> <p>Reimbursed expenses and lost wages</p> <p>12.b. Amount. \$1,070.74</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name N/A</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p> <p>N/A</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

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☐ VOID☐ CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no. PLUMBERS UNION LOCAL NO. 55 SUPPLEMENTAL UNEMPLOYMENT FUND 980 KEYNOTE CIRCLE BROOKLYN HEIGHTS, OHIO 44131		1 Rents \$	OMB No. 1545-0115 2005 Form 1099-MISC		Miscellaneous Income
		2 Royalties \$			
		3 Other income \$	4 Federal income tax withheld \$ 0.00		
		5 Fishing boat proceeds \$	6 Medical and health care payments \$		
PAYER'S Federal identification number 34-1269418	RECIPIENT'S identification number 289-76-1225	7 Nonemployee compensation \$ 1,070.64	8 Substitute payments in lieu of dividends or interest \$		Copy A For Internal Revenue Service Center File with Form 1096. For Privacy Act and Paperwork Reduction Act Notice, see the 2005 General Instructions for Forms 1099, 1098, 5498, and W-2G.
RECIPIENT'S name NEIL G. KILBANE, JR.		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$		
Street address (including apt. no.) 17619 BRADGATE AVENUE		11	12		
City, state, and ZIP code CLEVELAND, OHIO 44111		13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$		
Account number (see instructions)		2nd TIN not <input type="checkbox"/>	15 State/Payer's state no. 51-614664-4		16 State income \$
15a Section 409A deferrals \$	15b Section 409A income \$	16 State tax withheld \$ 0.00			

Form 1099-MISC

15-0331600

Department of the Treasury - Internal Revenue Service

March 24, 2006

U.S. Department of Labor
Employment Standards Administration
Office of Labor - Management Standards
200 Constitution Ave. NW Room N 5119
Washington, D.C. 20210

To whom it may concern:

Enclosed is the completed form LM 30. Thank you for attending to this.

Very truly yours,

Neil Kilbane
17619 Bradgate Ave.
Cleveland, OH 44111